PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Number '		10/568,780-Conf. #5252		
FEE TRANSMITTAL				Filing Date Fe		February 27, 2007		
				First Named Inventor Paul Kam Ching		g CHAN		
For FY 2009				Examiner Name Not Yet		Not Yet Assign	ed	
X Applicant claims small entity status. Sec 37 CFR 1.27				Art Unit 3742		3742		
TOTAL AMOUNT OF PAYMENT (\$) 1,287.00			Attorney Docket No. 2307-0118PUS1					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Moncy Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION	*************************************							······································
1. BASIC FILING, SEARC	H, AND EXA	MINATION FEE	S					
	FILIN	IG FEES	SE	ARCH FEES	EXAMI	NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	330	165	540	270	220	110	10001	<u> </u>
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	050	0		
	220	110	v	U	U	•		Cmall Entity
2. EXCESS CLAIM FEES Fee Description Small Entit Fee (\$) Fee (\$)								
Each claim over 20 (include	ling Reissues	;)					52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims				390	195			
				e Paid (\$) Multiple Dependent Claims				,
81 - 39 or HP		26.00 =		1092.00	_	Fee (\$) Fee Paid (\$)		-
HP = highest number of total cla	aims paid for, if g	greater than 20.		**************************************	_	95.00	195.00	-
Indep. Claims Ex	ctra Claims	Fee (\$)	Fe	Fee Paid (\$)				
56 or HP =	x	=		 _				
HP = highest number of indeper	ndent claims pai	d for, if greater thar	3.					
3. APPLICATION SIZE FE	_							
If the specification and dr	awings exce	ed 100 sheets o	fpaper	(excluding electro	onically fi	iled sequence or o	computer	n
listings under 37 CFR sheets or fraction there					or small e	entity) for each ad	iditional 30	J
	xtra Sheets			dditional 50 or frac	tion there	of Fee (\$)	Fee I	Paid (\$)
								uiu (V)
100 = /50 = (round up to a whole number) x 4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specificat	ion, \$130 fc	e (no small ent	ity disc	ount)				
Other (e.g., late filing s								
SUBMITTED BY	$\overline{\Lambda}$	<u> </u>						
Signature Domes	M	Soft.		Registration No.	28,380	Telephone	(703) 20	5-8015
- Johnson	1. Slattery	7401400	\times	(Attorney/Agent)		Date	March 4	
			$\overline{(}$				-	• •